

## CLAIMS ONLY

Application Number

**Filing Date**

Applican(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED 11/26/06		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
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27		/				
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31		/				
32		/				
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36		/				
37		/				
38		/				
39		/				
40		/				
41		/				
42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
Total Indep	1					
Total Depend	6					
Total Claims	7					

\* May be used for additional claims or amendments

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
56						
57						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
Total Indep						
Total Depend						